

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762630

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

8358 W. OAKLAND PARK BLVD.  
SUITE 203F  
FT. LAUDERDALE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

8358 W. OAKLAND PARK BLVD.  
SUITE 203F  
FT. LAUDERDALE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 59-2223621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIDMAN, MIRAIM  
3301 ARVBA WAY APT M4  
POMPANO BEACH, FL 33066 US

**Name and Address of New Registered Agent:**

FRIDMAN, MIRAIM  
3301 ARUBA WAY APT M4  
POMPANO BEACH, FL 33066 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

01/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRIDMAN, MIRIAM  
Address: 3301 ARUBA WAY M4  
City-St-Zip: POMPANO BEACH, FL 33066

Title: V ( ) Delete  
Name: WEISSMAN, LEO  
Address: 10145 SUNRISE LAKES BOULEVARD  
City-St-Zip: SUNRISE, FL 33322

Title: SA ( ) Delete  
Name: PIERSON, FELIX  
Address: 6203 SEASIDE TERR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Delete  
Name: BENIGELMAN, JACK  
Address: 3301 ARUBA WAY  
City-St-Zip: COCONUT CREEK, FL

Title: VP ( ) Delete  
Name: SCHAGRIN, LEON  
Address: 3900 NW 76TH AVE  
City-St-Zip: SUNRISE, FL

Title: D ( ) Delete  
Name: LAUFER, ALLAN  
Address: 12221 GLENMORE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BEIGELMAN, JACK  
Address: 3301 ARUBA WAY  
City-St-Zip: COCONUT CREEK, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN LAUFER

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date